

FEB 03 2005

Atty Docket No. 020824-001110US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Vijay Shankar

Group Art Unit 2673

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Vijay Shankar**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in Application No. 10/667,242, filed on September 18, 2003 are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal
2. Fee Transmittal
3. Request for Reconsideration
4. Terminal Disclaimer
5. Supplemental Reissue Declaration

Number of pages being transmitted, including this page:

8 pages

Dated: February 3, 2005

  
Patrick R. Jewik

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60412804 v1

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/667,242
	Filing Date	September 18, 2003
	First Named Inventor	Mark Flowers
	Art Unit	2673
	Examiner Name	V. Shankar
Total Number of Pages in This Submission	Attorney Docket Number	020824-001110US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Reissue Declaration
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
Date	2/3/05	Reg. No.	40,456

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on February 3, 2005.			
Signature			
Typed or printed name	Patrick Jewik	Date	February 3, 2005

60412788 v1

PTO/SB/17 (12-04)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/567,242
		Filing Date	September 18, 2003
		First Named Inventor	Mark Flowers
		Examiner Name	Vijay Shankar
		Art Unit	2673
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 130		Attorney Docket No.	020824-001110US

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**           
 -20 or HP =          x          =           
 HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**           
 -3 or HP =          x          =           
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**          **Extra Sheets**          **Number of each additional 50 or fraction thereof**          **Fee (\$)**          **Fee Paid (\$)**           
 - 100 =          / 50 =          (round up to a whole number) x          =         

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer

Fees Paid (\$)

130.

<b>SUBMITTED BY</b>		
Signature	Registration No. (Attorney/Agent) 40,456	Telephone 415-576-0200
Name (Print/Type) Patrick R. Jewik		Date 2/3/05

60412815 v1